

9177

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY <u>Calvert</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Calvert</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>				c. LENGTH OF STAY IN 1b <u>16 hours</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Calvert County Hospital</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Chesapeake Beach</u>			
				d. STREET ADDRESS			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>Boy</u> Middle <u>Carroll</u> Last <u>Carroll</u>				4. DATE OF DEATH Month <u>9</u> Day <u>9</u> Year <u>1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>9/8/56</u>	
9. AGE (In years last birthday) yrs.		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours	
						<u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
				11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			
12. CITIZEN OF WHAT COUNTRY?							
13. FATHER'S NAME <u>John Smith, Jr.</u>				14. MOTHER'S MAIDEN NAME <u>Sophie Carroll</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT <u>mother</u> Address <u>Chesapeake Beach, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia (6th month)</u> <u>776X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour <u>o. m.</u> <u>19</u> p. m.				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town)		(County) (State)	
21. I certify that I attended the deceased from <u>9/9</u> , 19 <u>56</u> , to <u>9/9</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9/9</u> , 19 <u>56</u> , and that death occurred at <u>3 P.</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>57th Street</u> DATE SIGNED <u>H. W. Ward</u>							
ACTUAL SIGNATURE <u>H. W. Ward</u>				PHYSICIAN'S NAME (Type) <u>H. W. Ward</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>9-10-56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Private</u>		22d. LOCATION (City, town, or county) (State) <u>Ches. Beach, Calvert, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Henry Chase</u>				ADDRESS <u>Chesapeake Beach, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>9-10-56</u>	
				24b. REGISTRAR'S SIGNATURE <u>H. W. Ward</u>			

MEDICAL CERTIFICATION

TO HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

2064171XVI

CERTIFICATE OF DEATH

FILE

BUREAU V. S.

SEP 18 1956

RECEIVED

9178

CERTIFICATE OF DEATH

Reg. Dist. No.

51

1. PLACE OF DEATH a. COUNTY <u>Calvert</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>D.C.</u> b. COUNTY <u>Washington</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>				c. LENGTH OF STAY IN 1b <u>477-3</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Calvert County Hospital</u>				d. STREET ADDRESS <u>422 Butter Nut St.</u>			
3. NAME OF DECEASED (Type or print) First <u>Ethel</u> Middle <u>B</u> Last <u>Dowling</u>				4. DATE OF DEATH Month <u>September</u> Day <u>20</u> Year <u>1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>November 9, 1904</u>	
9. AGE (In years last birthday) <u>72</u> yrs.		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Washington D.C.</u>	
11. BIRTHPLACE (State or foreign country) <u>Washingt D.C.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13. FATHER'S NAME <u>Perry Brown</u>				14. MOTHER'S MAIDEN NAME <u>Virgie Grantville</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u> </u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Pulmonary Embolus</u> <u>151X</u> DUE TO (b) <u>Thrombophlebitis of Rt. leg</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) <u>Carcinoma of Stomach</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>2 weeks</u> <u>3 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u> </u> p. m. <u> </u> 19 <u>56</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				20g. (City or town) (County) (State)			
21. I certify that I attended the deceased from <u>8/27</u> 19 <u>56</u> , to <u>9/20</u> 19 <u>56</u> , that I last saw the deceased alive on <u>9/20</u> 19 <u>56</u> , and that death occurred at <u>9:20 A.M.</u> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>Prince Frederick, Md.</u> DATE SIGNED <u> </u>							
ACTUAL SIGNATURE <u>Page G. Jett</u> M.D.				PHYSICIAN'S NAME (Type) <u>Page G. Jett, M.D.</u> <u>Prince Frederick, Maryland</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>9-22-56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON NAT.</u>		22d. LOCATION (City, town, or county) (State) <u>SCITLAND Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Neal Funeral Home</u>				ADDRESS <u>4812 1st Ave</u>		24a. REC'D BY REGISTRAR DATE <u>SEP 24 1956</u>	
24b. REGISTRAR'S SIGNATURE <u>Dr. Hugh Hardy</u>							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU V. S.

SEP 24 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09171

9179

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY <u>Calvert</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Calvert</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Prince Frederick</u>				c. LENGTH OF STAY IN 1b <u>6 days</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Calvert County Hospital</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Lee</u> Last <u>Harrell</u>			4. DATE OF DEATH Month <u>September</u> Day <u>29</u> Year <u>1956</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 15, 1956</u>		9. AGE (In years last birthday) <u>—</u> yrs.	IF UNDER 1 YEAR Months <u>—</u> Days <u>14</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Evera Harrell</u>				14. MOTHER'S MAIDEN NAME <u>Aileen Davis Lusby, md.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mother</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral accident</u> 351X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Cerebral palsy (congenital)</u> DUE TO (c) <u>—</u>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u> p. m. <u>—</u>			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>9/23</u> , 19 <u>56</u> , to <u>9/29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9/29</u> , 19 <u>56</u> , and that death occurred at <u>5:40 A. M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>R. de Villanueva</u> M.D.				ADDRESS (Street, city or town, state) <u>S. H. Hearn</u>		DATE SIGNED <u>Sept 27/56</u>	
PHYSICIAN'S NAME (Type) <u>R. de VILLANUEVA</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Sept. 29, 1956</u>		<u>Communitary Church</u>		<u>Lusby - Calvert Co - Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>G. B. Harkness & Son</u>				ADDRESS <u>Mutual, Ind.</u>		24a. REC'D BY REGISTRAR DATE <u>9-29056</u>	
				24b. REGISTRAR'S SIGNATURE <u>M. W. Ward</u>			

1000315XV3

CERTIFICATE OF DEATH

BUREAU V. S.

OCT 3 1936

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9180

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH - COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Huntingtown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Huntingtown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Sherman</u>	(Middle)	(Last) <u>Hiegh</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>4-26-55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>17</u> Months <u>11</u> Days <u>2</u> Hrs. <u>19</u> Mins. <u>56</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Muriel Hiegh Jr.</u>		14. MOTHER'S MAIDEN NAME <u>Sadie MacCall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Muriel Hiegh Jr. Huntingtown md.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
493x Immediate cause (a) <u>Pneumonia</u>			
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
HOMICIDE	INJURY		
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
OF INJURY	m.		
22. I hereby certify that I attended the deceased from <u>9/1</u> , 19 <u>56</u> , to <u>9/4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9/3</u> , 19 <u>56</u> , and that death occurred at <u>1 p.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Shewen</u>		DATE SIGNED <u>9/4/56</u>	
ADDRESS <u>Huntingtown MD</u>			
23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF <u>9-5-56</u>	NAME OF CEMETERY OR CREMATORY <u>Patterson</u>	LOCATION (City, town, or county) (State) <u>Huntingtown md</u>
DATE REC'D BY LOCAL REG. <u>9-5-56</u>	REGISTRAR'S SIGNATURE <u>N. H. Ward</u>	24. FUNERAL DIRECTOR <u>P. E. Sewell, P. Fried, md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. E.

SEP 7 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09173

9181

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Calvert</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Prince Fred</u>				TOWN <u>Prince Fred Md</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Rosie</u>				<u>Parman</u>			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
<u>F</u>		<u>C</u>				<u>Aug 21</u>	
						<u>78</u> yrs.	
						IF UNDER 1 YEAR	
						Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
<u>House wife</u>				<u>Maryland</u>			
11. FATHER'S NAME				12. CITIZEN OF WHAT COUNTRY?			
<u>Permy Simms</u>				<u>U.S.A</u>			
13. FATHER'S NAME				14. MOTHER'S M maiden name			
<u>Permy Simms</u>				<u>Un Known.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
				<u>Addie Brooks Prince Fred, Md</u>			
17. INFORMANT & ADDRESS							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
18. MEDICAL CERTIFICATION							
INTERVAL BETWEEN ONSET AND DEATH							
19a. DATE OF OPERATION							
19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>6-12</u>, 19<u>56</u>, to <u>9/12</u>, 19<u>56</u>, that I last saw the deceased alive on <u>9/12</u>, 19<u>56</u>, and that death occurred at <u>1 p.</u> M, from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
<u>H. W. Ward</u>				<u>9/14/56</u>			
23. (BURIAL) CREMATION, REMOVAL (SPECIFY)				24. REC'D BY REGISTRAR			
<u>BURIAL</u>				<u>9-16-56</u>			
DATE THEREOF				REGISTRAR'S SIGNATURE			
<u>9-16-56</u>				<u>H. W. Ward</u>			
NAME OF CEMETERY OR CREMATORY				25. FUNERAL DIRECTOR'S SIGNATURE			
<u>Green Point</u>				<u>P.E. Sewell, Pr. Fred, Md</u>			
LOCATION (City, town, or county)				ADDRESS			
<u>Calvert</u>				<u>Md</u>			

CERTIFICATE OF DEATH

1956

China Fred

Prince Fred and

George
Helen wife
George Stinson

George
Fred and

52 21 - P

George
Helen wife
George Stinson

George Stinson, Prince Fred and

BUREAU V. 1

SEP 17 1956

RECEIVED

George Stinson

9-15-56

George Stinson, Prince Fred and

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9182 CERTIFICATE OF DEATH

09174

Reg. Dist. No. 52

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND CITY OR TOWN <u>Pacatum</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Calvert</u> CITY OR TOWN <u>Pacatum</u> <u>MD</u> STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>Ginnie Rebecca Ramsey</u> (First) (Middle) (Last)		4. DATE OF DEATH Month <u>9</u> Day <u>12</u> Year <u>1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Sept 20, 1883</u>
9. AGE last birthday <u>72</u> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H W</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Walter H. Six</u>		14. MOTHER'S MAIDEN NAME <u>Agnes Brown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS <u>Oliver Robinson</u>			
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>434.3</u> IMMEDIATE CAUSE (A) <u>Acute dilatation of heart</u> ANTECEDENT CAUSE(S) DUE TO (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>found unconscious in bed</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u>Home</u>	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>9/12</u> <u>1957</u> <u>2:12</u> <u>PM</u>		21e. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9/12</u> , 19 <u>57</u> , to <u>9/12</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>9/12</u> , 19 <u>57</u> , and that death occurred at <u>12:45</u> AM, from the causes and on the date stated above.			
SIGNATURE <u>H W Ward</u> M.D.		ADDRESS (Street, city, town, state) <u>Quincy, MD</u> DATE SIGNED <u>9/12/57</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>9/15/57</u> NAME OF CEMETERY OR CREMATORY <u>Holiness Church Cem</u> LOCATION (City, town, or county) <u>Quincy, MD</u> (State)	
24. REC'D BY REGISTRAR <u>Grace L. Hutchins</u> REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>H Hutchins</u> ADDRESS <u>Quincy, MD</u>	
DATE <u>9/14/57</u>			

CERTIFICATE OF DEATH

BUREAU V. 2

SEP 20 1956

RECEIVED